

the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>152</u>		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>576</u>		
Town of _____			Local Registrar No. _____		
or					
City of <u>Globe</u>	No. _____	St. _____	Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Lucile Ruth Bronson</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>11-26-22</u> (Month, day, year)
8. FATHER Full name <u>Robert John Bronson</u>			14. MOTHER Full maiden name <u>Annie Frances Ahrens</u>		
9. Residence (Usual place of abode) If nonresident, give place and State <u>Globe, Ariz.</u>			15. Residence (Usual place of abode) If nonresident, give place and State <u>Globe, Ariz.</u>		
10. Color or race <u>white</u>	11. Age at last birthday <u>35</u> (Years)		16. Color or race <u>white</u>	17. Age at last birthday <u>35</u> (Years)	
12. Birthplace (city or place) <u>Mass.</u> (State or country)			18. Birthplace (city or place) <u>Texas</u> (State or country)		
13. Occupation <u>Rancher</u> Nature of Industry			19. Occupation <u>Housewife</u> Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:25</u> A.M. on the date above stated. (Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>C. W. Adams</u> (Physician or midwife)		
Given name added from a supplemental report _____ (Month, day, year)			Address <u>Globe, Arizona</u>		
<u>325-1126-112</u> Registrar.			Filed <u>Dec 30</u> , 19 <u>22</u> <u>B. G. Gray</u> Local Registrar.		
			Filed <u>Dec 5</u> , 19 <u>22</u> <u>B. G. Gray</u> County Registrar.		